



FOR DEPARTMENTAL USE ONLY	
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**APPLICATION FOR TRAFFIC VIOLATOR SCHOOL (TVS) OWNER LICENSE  
PART 1**

**APPLICATION FEE \$150.00 (NONREFUNDABLE)**

Please indicate whether you are a: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company  
☐ Public Adult School or Community College ☐ Other Public Agency ☐ Association

Proposed TVS Name (DBA): \_\_\_\_\_

Proposed Additional DBA Name (if applicable) \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_

**REQUIRED FOR CORPORATION:**

Corporation Name (if different from DBA name above): \_\_\_\_\_

California Corporation No.: \_\_\_\_\_

Name(s), Driver License No.(s), and Residence Address(es) of principal officers, board members, stockholders active in the management, direction, or control of the corporation activities:

1. President (CEO): \_\_\_\_\_

2. Secretary: \_\_\_\_\_

3. Treasurer: \_\_\_\_\_

4. \_\_\_\_\_

**REQUIRED FOR PARTNERSHIP:**

Partnership Name (if different from DBA name above): \_\_\_\_\_

General Partner's Name(s), Driver License No.(s), and Residence Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED FOR SOLE PROPRIETORSHIP:**

Owner's Name, Driver License No., Residence Address, and Residence Telephone No.: \_\_\_\_\_

\_\_\_\_\_

**REQUIRED FOR LIMITED LIABILITY COMPANY:**

Limited Liability Company (if different from DBA above): \_\_\_\_\_

California Limited Liability Company No.: \_\_\_\_\_

Name(s), Driver License No.(s), and Residence Address(es) of Members and Managers of the Limited Liability Company active in the management, direction, or control of the affairs of the licensed entity in the State of California.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_



OL NO.

TVS NAME

**REQUIRED FOR PUBLIC ADULT SCHOOL OR COMMUNITY COLLEGE:**

District Name: \_\_\_\_\_

Institution Name (if different from DBA name above): \_\_\_\_\_

Administrator in Charge of the TVS (Name, Driver License No., and Residence Address): \_\_\_\_\_

**REQUIRED FOR OTHER PUBLIC AGENCY:**

Agency Name (if different from DBA name above): \_\_\_\_\_

Name of Principal contact for the public agency: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**REQUIRED FOR ASSOCIATION:**

Administrator's Name, Driver License No., Residence Address, and Residence Telephone No. active in the management, direction, or control of the affairs of the association: \_\_\_\_\_

NAMES AND ADDRESSES OF OTHER TRAFFIC VIOLATOR, MATURE DRIVER AND/OR DRIVING SCHOOLS OWNED OR OPERATED BY ANY PERSON LISTED ON THE FACE OF THIS APPLICATION:

**NAME**

**ADDRESS**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CERTIFICATION OF APPLICANT**

***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

EXECUTED AT (CITY, STATE)

ON (DATE)

SIGNATURE

**X**

Must be signed by owner, sole proprietor, partner, administrator (public school or association), designated contact person (other agency), or principal officer (corporation) or member (Limited Liability Company)